DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 04/26/2006

### **Provider Inspection Summary**

For the period 04/01/2003 to 03/31/2006 Community Based Residential Facility CLASS CS (SEMIAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Corrected

#### **Facility Information**

**Facility Name: RESPECT FOR PEOPLE II (310183)** 

Address: 4630 N HOPKINS ST, MILWAUKEE, WI 53209

**License Status: REGULAR** 

Licensed/Certified/Registered 02/07/1995

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0096382 End Date: 01/10/2006 Type: STANDARD Purpose: VERIFICATION VISIT

**Results:** ENFORCEMENT ACTION

Statement of Deficiency: #10009131 Served 02/21/2006

Deficiencies Cited Subject Area Subject Area Verified

83.32(2)(d) REVIEW OF PROGRESS

83.33(3)(e)2.b INJECTIONS

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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Survey ID: 0090376 End Date: 04/16/2003 Type: STANDARD Purpose: SURVEY

**Results:** ENFORCEMENT ACTION

Statement of Deficiency: #10006778 Served 05/31/2003

		C 1:	
		<u>Compliance</u>	
Deficiencies Cited	Subject Area	<u>Verified</u>	<u>Corrected</u>
83.05(2)(e)	CLASS C SEMIAMBULATORY (CS)	01/10/2006	Yes
83.13(4)(a)	COMMUNICABLE DISEASE CONTROL	01/10/2006	Yes
83.13(7)(a)8	CRIMINAL CHECK, BACKGROUND & REGISTRY	01/10/2006	Yes
83.14(1)(c)	UNIVERSAL PRECAUTIONS	01/10/2006	Yes
83.21(4)(w)	SAFE ENVIRONMENT	01/10/2006	Yes
83.32(2)(c)3	ANNUAL EVALUATION INCLUDED IN RECORD	01/10/2006	Yes
83.33(2)(g)1	HEALTH MONITORING-COMMUNICABLE DISEASE	01/10/2006	Yes
83.35(10)(b)	NON-DISPOSABLE UTENSILS USED	01/10/2006	Yes
83.35(5)(c)	FROZEN AT 0 DEGREES F. OR BELOW	01/10/2006	Yes
83.41(5)(a)4	BATHROOMS SHALL PROVIDE PRIVACY	01/10/2006	Yes
83.41(5)(d)2	HOT WATER TEMPERATURES	01/10/2006	Yes
83.43(3)(b)1	TESTING BY SERVICE COMPANY	01/10/2006	Yes
83.43(5)(a)1	KITCHEN	01/10/2006	Yes
83.51(3)(a)	SMOKE SEPARATION	01/10/2006	Yes

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For the period 04/01/2003 to 03/31/2006 Community Based Residential Facility CLASS CS (SEMIAMBULATORY) STATE OF WISCONSIN Bureau of Quality Assurance P.O. Box 2969 Madison WI 53701-2969

**Enforcement History** 

Date: 02/16/2006 SOD #10009131 Appealed: No

**Sanctions** 

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.33(3)(e)2.b

Date: 05/30/2003 SOD #10006778 Appealed: No

**Sanctions** 

OTHER SANCTION

FORFEITURE---83.14(1)(c)

FORFEITURE---83.21(4)(w) & 83.41(5)(d)2

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